

# CISE Income Verification Form



To apply for low income status, please complete the following:

1. Complete and sign this form
2. Attach documentation of all sources of income. Documents should be representative of current income.

Acceptable CURRENT documentation include:

- Income tax returns
- W-2 Forms
- 1099

Correspondence from the:

- Social Security Administration
  - Food stamp eligibility
- Ohio Bureau of Worker's Compensation
- Department of Job and Family Services
  - Child Support Correspondence
  - Housing assistance
  - Cash assistance
  - Other providers of benefits

3. Return this form and **COPIES** of all required documentation to the school office by:

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**Keep a copy of the attached completed forms for your records**



# CISE Income Verification Form



Household Income

**Adults** How many adults live in your house? \_\_\_\_\_

Starting with yourself, list all of the adults who live in your household.

Name (first and last)	Receives Income	Sex	Date of Birth	SSN# *	Relationship to you
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F			

**Children** How many children live in your house \_\_\_\_\_

List all of the children who live in your household, including those who are not applying for financial aid.

Name (first and last)	Receives Income	Sex	Date of Birth	SSN# *	Relationship to you	Applying for Financial Aid
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> YES <input type="checkbox"/> NO

If you require more space, please duplicate this page and submit with application

\*The social security number is optional.

# CISE Income Verification Form



## Household Income

Income is any money that you and the people in your household receive from employment, child/spousal support, disability benefits, unemployment compensation, workers compensation, social security, SSI, veterans benefits etc.

In the table below list each person that has earned or unearned income. If someone has more than one source of income, use multiple lines.

Name (first and last)	Employer or Income source	Gross Amount	How often Received
<b>EXAMPLE:</b> <i>John Smith</i>	<i>Unemployment Compensation</i>	<i>\$475</i>	<i>Monthly</i>

Please list the name of the private schools where your children have applied.


I declare that the information on this form is true, correct and complete to the best of my knowledge. I agree to provide documents to verify the information listed. I authorize CISE to make whatever contacts are necessary to verify the information I have provided.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you require more space, please duplicate this page and submit with application